


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 26, 2008 8:00 am
Secretary of State

03-03-2008 90404 030 ***138.75

DOCUMENT # L06000064980			
1. Entity Name JOWA, L.L.C.			
Principal Place of Business 5920 BAHIA HONDA WAY NORTH ST. PETE BEACH, FL 33706		Mailing Address 5920 BAHIA HONDA WAY NORTH ST. PETE BEACH, FL 33706	
2. Principal Place of Business - No P.O. Box # 11525 Gulf Blvd		3. Mailing Address 11525 Gulf Blvd	
Suite, Apt. #, etc. #301		Suite, Apt. #, etc. #301	
City & State Treasure Island, FL		City & State Treasure Island, FL	
Zip 33706	Country USA	Zip 33706	Country USA
6. Name and Address of Current Registered Agent KEATON, KAREN S 2816 BEACH BLVD. ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLECKLEY, BETTY H 5920 BAHIA HONDA WAY NORTH ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bleckley, Betty H. 11525 Gulf Blvd #301 Treasure Island, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Betty H Bleckley</i>		Date: <i>3/24/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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4. FEI Number 20-5136416 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required